

# PAST SURGICAL HISTORY

(Please circle all that apply)

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|--|--|
| <input type="checkbox"/> Appendix ( Appendectomy)                      | <input type="checkbox"/> Heart:PTCA                                |
| <input type="checkbox"/> Bladder (Cystectomy)                          | <input type="checkbox"/> Heart: Mechanical Valve                   |
| <input type="checkbox"/> Breast: Mastectomy (Right Breast)             | <input type="checkbox"/> Kidney: Kidney Transplant                 |
| <input type="checkbox"/> Breast: Mastectomy (Left Breast)              | <input type="checkbox"/> Ovaries (Oophorectomy): Endometriosis     |
| <input type="checkbox"/> Breast: Mastectomy (Both Breasts)             | <input type="checkbox"/> Ovaries (Oophorectomy): Ovarian cyst      |
| <input type="checkbox"/> Breast: Lumpectomy( Right Breast)             | <input type="checkbox"/> Ovaries (Oophorectomy):Ovarian Cancer     |
| <input type="checkbox"/> Breast: Lumpectomy (Left Breast)              | <input type="checkbox"/> Prostate (Prostatectomy): Prostate cancer |
| <input type="checkbox"/> Breast: Lumpectomy (Both Breast)              | <input type="checkbox"/> Prostate (Prostacetomy): Prostate Biopsy  |
| <input type="checkbox"/> Breast: Breast Biopsy                         | <input type="checkbox"/> Prostate (Prostacetomy): TURP             |
| <input type="checkbox"/> Breast: Breast Reduction                      | <input type="checkbox"/> Skin: Skin Biopsy                         |
| <input type="checkbox"/> Breast Implants                               | <input type="checkbox"/> Skin: Basal Cell Carcinoma                |
| <input type="checkbox"/> Colon (Colectomy) colon cancer                | <input type="checkbox"/> Skin: Squamous Cell Carcinoma             |
| <input type="checkbox"/> Colon (Colectomy) Diverticulitis              | <input type="checkbox"/> Skin: Melanoma                            |
| <input type="checkbox"/> Colon (Colectomy): inflammatory bowel disease | <input type="checkbox"/> Spleen (Splenectomy)                      |
| <input type="checkbox"/> Gall Bladder (Cholecystectomy)                | <input type="checkbox"/> Testicles (Orchiectomy)                   |
| <input type="checkbox"/> Heart: Coronary Artery Bypass Surgery         | <input type="checkbox"/> Uterus (Hysterectomy): Fibroids           |
|  | <input type="checkbox"/> Uterus (Hysterectomy) : Uterine Cancer    |

## OTHER